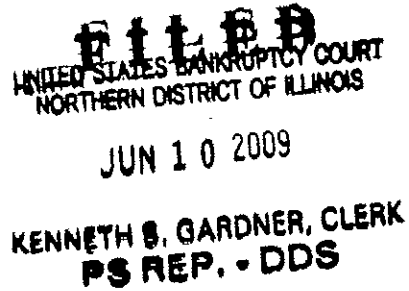


B 5 (Official Form 5) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b> Northern District of Illinois		<b>INVOLUNTARY PETITION</b>					
IN RE (Name of Debtor – If Individual: Last, First, Middle)  <b>DSFI, LLC</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)					
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):							
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  <b>450 South Lombard Road Addison, Illinois 60101</b>		MAILING ADDRESS OF DEBTOR (If different from street address)					
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>DuPage</b>		ZIP CODE					
ZIP CODE <b>60101</b>		ZIP CODE					
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) <b>in addition to the above address: 10747 Norwalk Blvd, Santa Fe Springs, CA 90670; 110 4th Street, Honesdale, PA 18431</b>							
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11							
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>							
<b>Nature of Debts</b> (Check one box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 5px;">Type of Debtor (Form of Organization)</th> <th style="text-align: center; padding: 5px;">Nature of Business (Check one box.)</th> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Individual (Includes Joint Debtor)  <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP)  <input type="checkbox"/> Partnership  <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)            _____         </td> <td style="padding: 5px; vertical-align: top;"> <input type="checkbox"/> Health Care Business  <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B)  <input type="checkbox"/> Railroad  <input type="checkbox"/> Stockbroker  <input type="checkbox"/> Commodity Broker  <input type="checkbox"/> Clearing Bank  <input checked="" type="checkbox"/> Other         </td> </tr> </table>			Type of Debtor (Form of Organization)	Nature of Business (Check one box.)	<input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
Type of Debtor (Form of Organization)	Nature of Business (Check one box.)						
<input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other						
<b>VENUE</b>  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		<b>FILING FEE (Check one box)</b>  <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>					
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)</b>							
Name of Debtor <b>Distributors Stock Forms Inc.</b>	Case Number <b>09-18715</b>	Date <b>05/22/2009</b>					
Relationship <b>Parent Corporation</b>	District <b>Northern District of Illinois</b>	Judge <b>John Squires</b>					
<b>ALLEGATIONS</b> (Check applicable boxes)  1. <input type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		<div style="text-align: center;">             COURT USE ONLY   </div>					

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor DSFI, LLC

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x Richard J. CREDIT MANAGER  
Signature of Petitioner or Representative (State title)  
MIDLAND PAPER COMPANY 6/3/09  
Name of Petitioner Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity  
Midland Paper  
ATTN: RICHARD J. CREDIT MANAGER  
101 E PALATKA RD  
WHEELING IL 60090

x Michael H. Traison 06/08/2009  
Signature of Attorney Date  
Michael H. Traison, Miller Canfield Paddock & Stone  
Name of Attorney Firm (If any)  
225 W. Washington St., Ste. 2600, Chicago, IL 60606  
Address  
(312) 860-4230  
Telephone No.

x  
Signature of Petitioner or Representative (State title)  
Name of Petitioner Date Signed  
Name & Mailing Address of Individual Signing in Representative Capacity  
P. H. Glatfelter  
Company

x  
Signature of Attorney Date  
Name of Attorney Firm (If any)  
Address  
Telephone No.

x  
Signature of Petitioner or Representative (State title)  
Name of Petitioner Date Signed  
Name & Mailing Address of Individual Signing in Representative Capacity

x  
Signature of Attorney Date  
Name of Attorney Firm (If any)  
Address  
Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner <u>MIDLAND PAPER COMPANY</u> <u>101 E PALATKA RD</u> <u>WHEELING IL 60090</u>	Nature of Claim <u>TRADE DEBT</u>	Amount of Claim <u>\$564,707.92</u> <u>AN AMOUNT IN EXCESS OF</u>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

2 continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor \_\_\_\_\_

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
<p>1 Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).</p>		
REQUEST FOR RELIEF		
<p>Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.</p>		
<p>Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.</p>		
<p><input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title)  <b>McGrann Paper Corporation</b>  <b>Michael Antonishak, CFO</b>                  Name &amp; Mailing <b>2101 Westinghouse Boulevard</b>                  Address of Individual <b>Charlotte, NC 28273</b>                  Signing in Representative                  Capacity _____</p>	<p><input checked="" type="checkbox"/> Signature of Attorney <b>Daryl Hollnagel</b>                  Date <b>06/09/09</b>                  Name of Attorney Firm (If any) <b>Wishart Norris Henninger &amp; Pittman</b>                  Address <b>6832 Morrison Blvd., Charlotte, NC 28211</b>                  Telephone No. <b>(704) 716-5240</b></p>	
<p><input type="checkbox"/> Signature of Petitioner or Representative (State title)                  Name of Petitioner _____ Date Signed _____                  Name &amp; Mailing _____                  Address of Individual _____                  Signing in Representative _____                  Capacity _____</p>	<p><input type="checkbox"/> Signature of Attorney _____ Date _____                  Name of Attorney Firm (If any) _____                  Address _____                  Telephone No. _____</p>	
<p><input type="checkbox"/> Signature of Petitioner or Representative (State title)                  Name of Petitioner _____ Date Signed _____                  Name &amp; Mailing _____                  Address of Individual _____                  Signing in Representative _____                  Capacity _____</p>	<p><input type="checkbox"/> Signature of Attorney _____ Date _____                  Name of Attorney Firm (If any) _____                  Address _____                  Telephone No. _____</p>	
PETITIONING CREDITORS		
Name and Address of Petitioner <b>McGrann Paper Corporation, Charlotte, NC</b>	Nature of Claim <b>Trade Debt</b>	Amount of Claim <b>an amount in excess of \$100.00</b>
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

1 continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor DSFI, LLC

Case No. \_\_\_\_\_

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
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Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> <u>Michael Policatti</u> Credit Mgr.</p> <p>Signature of Petitioner or Representative (State title)</p> <p><u>Michael Policatti</u></p> <p>Name of Petitioner</p> <p>Date Signed <u>6/3/09</u></p> <p>Name &amp; Mailing</p> <p>Address of Individual <u>Clifford Paper, Inc.</u></p> <p>Signing in Representative <u>600 E. Crescent Ave</u></p> <p>Capacity <u>Upper Saddle River</u></p> <p><u>NJ 07458</u></p> </div> <div style="width: 15%; text-align: right;"> <p><u>x</u> <u>Michael V. Wilson</u> 06/10/2009</p> <p>Signature of Attorney</p> <p><u>Miller Canfield Paddock Stone</u></p> <p>Name of Attorney Firm (If any)</p> <p><u>225 W Washington Street #2600</u></p> <p>Address</p> <p><u>Chicago, IL 60606</u></p> <p>Telephone No. <u>312-800-4230</u></p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner</p> <p>Date Signed</p> <p>Name &amp; Mailing</p> <p>Address of Individual</p> <p>Signing in Representative</p> <p>Capacity</p> </div> <div style="width: 15%; text-align: right;"> <p><u>x</u> _____</p> <p>Signature of Attorney</p> <p>Date</p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____</p> <p>Signature of Petitioner or Representative (State title)</p> <p>Name of Petitioner</p> <p>Date Signed</p> <p>Name &amp; Mailing</p> <p>Address of Individual</p> <p>Signing in Representative</p> <p>Capacity</p> </div> <div style="width: 15%; text-align: right;"> <p><u>x</u> _____</p> <p>Signature of Attorney</p> <p>Date</p> <p>Name of Attorney Firm (If any)</p> <p>Address</p> <p>Telephone No.</p> </div> </div>		
PETITIONING CREDITORS		
<p>Name and Address of Petitioner</p> <p><u>Clifford Paper, Inc., Upper Saddle River</u></p> <p>Name and Address of Petitioner</p> <p><u>NJ</u></p> <p>Name and Address of Petitioner</p>	<p>Nature of Claim</p> <p><u>Trade Debt</u></p> <p>Nature of Claim</p> <p>Nature of Claim</p>	<p>Amount of Claim <sup>an amount</sup> <u>in excess of</u></p> <p><u>\$41,136.42</u></p> <p>Amount of Claim</p> <p>Amount of Claim</p>
<p>Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.</p>		<p>Total Amount of Petitioners' Claims</p>

\_\_\_\_\_ continuation sheets attached